



# Tri-Area Community Health

Corporate Office, PO Box 9  
Laurel Fork VA 24352  
276/398-2292 276/398-1242 FAX

---

May 9, 2018

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th street, SW  
Room TW-A325  
Washington, D.C. 20554

**Re: Rural Health Care Program: Request to Promptly Approve Emergency Petition for Waiver of the Funding Cap Pending Conclusion of the Open Rulemaking**

Dear Ms. Dortch,

Tri-Area Community Health is writing to strongly urge the Commission to approve the Emergency Petition for Waiver of the Rural Health Care Program (RHCP) Funding Cap Pending Conclusion of the Open Rulemaking, which was recently filed by the Schools, Health & Libraries Broadband (SHLB) Coalition.

Tri-Area Community Health (TACH) has served portions of Southwest Virginia for over 35 years as a federally funded Community Health Center. The service area of TACH is located in the Blue Ridge Mountains of southwest Virginia and consists of the contiguous counties of Carroll, Floyd, Franklin, and Patrick. The TACH services include primary care, preventative, behavioral health, laboratory, x-ray, minor injuries, and two full service pharmacies, both that use the 340-B Federal Drug Pricing Program to provide medications to their patients. The total TACH service area population is 69,481 and the Target Population is 43,410 and represents 62.5% of the population living below 200% of poverty. In 2017, TACH served 9,840 patients and provided 32,963 patient visits.

TACH relies heavily on broadband access to deliver quality healthcare to our patients using Electronic Health Records system. The EHR system gives patients the ability to access their own medical records easily and securely. It also provides the capacity for health information to be seamlessly and securely shared across providers. Broadband access is also required to deliver Telemedicine services to our patients that improves access, reduces costs, and enhances quality.

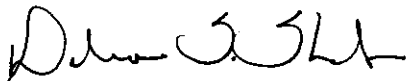
TACH will be losing approximately 20% in funding due to the FY2017 reductions by the RHCP. In some Community Health Centers that may not seem like a lot of money, but in this instance, that equates to approximately \$20,000 that could be put towards other expenses that benefit the patients that fall in this underserved population.

TACH strongly urges the FCC to promptly approve the Emergency Petition for Waiver of the RHCP Funding Cap Pending Conclusion of the Open Rulemaking, for the following reasons:

- The reductions in FY2017 RHCP payments to rural FQHCs are in direct contradiction to Congress' and HHS' long-standing efforts to expand EHRs and telehealth in rural communities.
- The reductions in FY2017 RHCP payments to rural FQHCs are significant, unexpected and largely-retroactive – and particularly difficult for small safety-net providers to absorb.
- Given the size of the FY2017 reductions – and the unpredictability of future payment amounts – many rural FQHCs are considering giving up activities that require broadband access, despite significant pressure from Congress and HHS to engage in these activities.
- Both the \$400 million cap and FCC oversight of the RHCP are outdated, and rural safety-net providers should not be penalized while waiting for the FCC to complete its updates of both.
- Given that rural providers and carriers are presently determining if – and under what terms -- they will participate in the RHCP in FY18, the FCC should approve the emergency waiver promptly.

Thank you for your attention to this request and for your efforts to increase access to care for medically underserved patients in rural areas. Please feel free to contact me directly if you would like additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra Shelor", written in a cursive style.

**Debra Shelor**  
**Executive Director**